



1777 N. Meadowlark Drive, Apple Valley, UT 84737 · Phone: 435-877-1190 · Fax: 435-877-1192 · www.applevalleyut.gov

ACH DEBIT AUTHORIZATION

(Form also available at <http://www.applevalleyut.gov/forms-and-applications.htm>)

Bank Information (Required)

Required Information	
Name on Apple Valley Account	
Apple Valley Account #	
Apple Valley Billing Address	
Institution (Bank Name)	
9-Digit Bank Routing #	
Bank Account #: Please attach a voided check	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Customer's E-mail address	

Signature: I authorize the Town of Apple Valley to submit electronic ACH debit entries of the amount of the monthly billing to the above referenced account no sooner than 25th of each month, or adjusting debit or credit entries in accordance with U.S. law for the purpose of culinary water and trash services.

Signature

Today's Date

Printed Name

Note: Your bank will notify you of a debit or credit only through your monthly statement. No separate notice will be sent.

Termination Information: Account owner may stop the entries by contacting The Town of Apple Valley 10 days prior to the entry at 435-877-1190.